

SENATE SUBSTITUTE
FOR
SENATE COMMITTEE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 247
AN ACT

To repeal sections 334.104 and 335.212, RSMo, and to enact in lieu thereof two new sections relating to nursing.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
AS FOLLOWS:

1 Section A. Sections 334.104 and 335.212, RSMo, are repealed
2 and two new sections enacted in lieu thereof, to be known as
3 sections 334.104 and 335.212, to read as follows:

4 334.104. 1. A physician may enter into collaborative
5 practice arrangements with registered professional nurses.
6 Collaborative practice arrangements shall be in the form of
7 written agreements, jointly agreed-upon protocols, or standing
8 orders for the delivery of health care services. Collaborative
9 practice arrangements, which shall be in writing, may delegate to
10 a registered professional nurse the authority to administer or
11 dispense drugs and provide treatment as long as the delivery of
12 such health care services is within the scope of practice of the
13 registered professional nurse and is consistent with that nurse's
14 skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice nurse as defined in subdivision (2) of section 335.016, RSMo. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, RSMo, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice

1 registered nurse to prescribe;

2 (3) A requirement that there shall be posted at every
3 office where the advanced practice registered nurse is authorized
4 to prescribe, in collaboration with a physician, a prominently
5 displayed disclosure statement informing patients that they may
6 be seen by an advanced practice registered nurse and have the
7 right to see the collaborating physician;

8 (4) All specialty or board certifications of the
9 collaborating physician and all certifications of the advanced
10 practice registered nurse;

11 (5) The manner of collaboration between the collaborating
12 physician and the advanced practice registered nurse, including
13 how the collaborating physician and the advanced practice
14 registered nurse will:

15 (a) Engage in collaborative practice consistent with each
16 professional's skill, training, education, and competence;

17 (b) Maintain geographic proximity; and

18 (c) Provide coverage during absence, incapacity, infirmity,
19 or emergency by the collaborating physician;

20 (6) A description of the advanced practice registered
21 nurse's controlled substance prescriptive authority in
22 collaboration with the physician, including a list of the
23 controlled substances the physician authorizes the nurse to
24 prescribe and documentation that it is consistent with each
25 professional's education, knowledge, skill, and competence;

26 (7) A list of all other written practice agreements of the
27 collaborating physician and the advanced practice registered
28 nurse;

1 (8) The duration of the written practice agreement between
2 the collaborating physician and the advanced practice registered
3 nurse; [and]

4 (9) A description of the time and manner of the
5 collaborating physician's review of the advanced practice
6 registered nurse's [prescribing practices] delivery of health
7 care services. The description shall include provisions that the
8 advanced practice registered nurse shall submit [documentation
9 of] a minimum of ten percent of the charts documenting the
10 advanced practice registered nurse's [prescribing practices]
11 delivery of health care services to the collaborating physician
12 [within] for review every fourteen days[. The documentation
13 shall include, but not be limited to, a random sample review by
14 the collaborating physician of at least twenty percent of the
15 charts and medications prescribed.]; and

16 (10) The collaborating physician shall review every
17 fourteen days a minimum of twenty percent of the charts in which
18 the advanced practice registered nurse prescribes controlled
19 substances. The charts reviewed under this subdivision may be
20 counted in the number of charts required to be reviewed under
21 subdivision (9) of this subsection.

22 4. The state board of registration for the healing arts
23 pursuant to section 334.125 and the board of nursing pursuant to
24 section 335.036, RSMo, may jointly promulgate rules regulating
25 the use of collaborative practice arrangements. Such rules shall
26 be limited to specifying geographic areas to be covered, the
27 methods of treatment that may be covered by collaborative
28 practice arrangements and the requirements for review of services

1 provided pursuant to collaborative practice arrangements
2 including delegating authority to prescribe controlled
3 substances. Any rules relating to dispensing or distribution of
4 medications or devices by prescription or prescription drug
5 orders under this section shall be subject to the approval of the
6 state board of pharmacy. Any rules relating to dispensing or
7 distribution of controlled substances by prescription or
8 prescription drug orders under this section shall be subject to
9 the approval of the department of health and senior services and
10 the state board of pharmacy. In order to take effect, such rules
11 shall be approved by a majority vote of a quorum of each board.
12 Neither the state board of registration for the healing arts nor
13 the board of nursing may separately promulgate rules relating to
14 collaborative practice arrangements. Such jointly promulgated
15 rules shall be consistent with guidelines for federally funded
16 clinics. The rulemaking authority granted in this subsection
17 shall not extend to collaborative practice arrangements of
18 hospital employees providing inpatient care within hospitals as
19 defined pursuant to chapter 197, RSMo, or population-based public
20 health services as defined by 20 CSR 2150-5.100 as of April 30,
21 2008.

22 5. The state board of registration for the healing arts
23 shall not deny, revoke, suspend or otherwise take disciplinary
24 action against a physician for health care services delegated to
25 a registered professional nurse provided the provisions of this
26 section and the rules promulgated thereunder are satisfied. Upon
27 the written request of a physician subject to a disciplinary
28 action imposed as a result of an agreement between a physician

1 and a registered professional nurse or registered physician
2 assistant, whether written or not, prior to August 28, 1993, all
3 records of such disciplinary licensure action and all records
4 pertaining to the filing, investigation or review of an alleged
5 violation of this chapter incurred as a result of such an
6 agreement shall be removed from the records of the state board of
7 registration for the healing arts and the division of
8 professional registration and shall not be disclosed to any
9 public or private entity seeking such information from the board
10 or the division. The state board of registration for the healing
11 arts shall take action to correct reports of alleged violations
12 and disciplinary actions as described in this section which have
13 been submitted to the National Practitioner Data Bank. In
14 subsequent applications or representations relating to his
15 medical practice, a physician completing forms or documents shall
16 not be required to report any actions of the state board of
17 registration for the healing arts for which the records are
18 subject to removal under this section.

19 6. Within thirty days of any change and on each renewal,
20 the state board of registration for the healing arts shall
21 require every physician to identify whether the physician is
22 engaged in any collaborative practice agreement, including
23 collaborative practice agreements delegating the authority to
24 prescribe controlled substances, or physician assistant agreement
25 and also report to the board the name of each licensed
26 professional with whom the physician has entered into such
27 agreement. The board may make this information available to the
28 public. The board shall track the reported information and may

1 routinely conduct random reviews of such agreements to ensure
2 that agreements are carried out for compliance under this
3 chapter.

4 7. Notwithstanding any law to the contrary, a certified
5 registered nurse anesthetist as defined in subdivision (8) of
6 section 335.016, RSMo, shall be permitted to provide anesthesia
7 services without a collaborative practice arrangement provided
8 that he or she is under the supervision of an anesthesiologist or
9 other physician, dentist, or podiatrist who is immediately
10 available if needed. Nothing in this subsection shall be
11 construed to prohibit or prevent a certified registered nurse
12 anesthetist as defined in subdivision (8) of section 335.016,
13 RSMo, from entering into a collaborative practice arrangement
14 under this section, except that the collaborative practice
15 arrangement may not delegate the authority to prescribe any
16 controlled substances listed in Schedules III, IV, and V of
17 section 195.017, RSMo.

18 8. A collaborating physician shall not enter into a
19 collaborative practice arrangement with more than three full-time
20 equivalent advanced practice registered nurses. This limitation
21 shall not apply to collaborative arrangements of hospital
22 employees providing inpatient care service in hospitals as
23 defined in chapter 197, RSMo, or population-based public health
24 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

25 9. It is the responsibility of the collaborating physician
26 to determine and document the completion of at least a one-month
27 period of time during which the advanced practice registered
28 nurse shall practice with the collaborating physician

1 continuously present before practicing in a setting where the
2 collaborating physician is not continuously present. This
3 limitation shall not apply to collaborative arrangements of
4 providers of population-based public health services as defined
5 by 20 CSR 2150-5.100 as of April 30, 2008.

6 10. No agreement made under this section shall supersede
7 current hospital licensing regulations governing hospital
8 medication orders under protocols or standing orders for the
9 purpose of delivering inpatient or emergency care within a
10 hospital as defined in section 197.020, RSMo, if such protocols
11 or standing orders have been approved by the hospital's medical
12 staff and pharmaceutical therapeutics committee.

13 11. No contract or other agreement shall require a
14 physician to act as a collaborating physician for an advanced
15 practice registered nurse against the physician's will. A
16 physician shall have the right to refuse to act as a
17 collaborating physician, without penalty, for a particular
18 advanced practice registered nurse. No contract or other
19 agreement shall limit the collaborating physician's ultimate
20 authority over any protocols or standing orders or in the
21 delegation of the physician's authority to any advanced practice
22 registered nurse, but this requirement shall not authorize a
23 physician in implementing such protocols, standing orders, or
24 delegation to violate applicable standards for safe medical
25 practice established by hospital's medical staff.

26 12. No contract or other agreement shall require any
27 advanced practice registered nurse to serve as a collaborating
28 advanced practice registered nurse for any collaborating

1 physician against the advanced practice registered nurse's will.
2 An advanced practice registered nurse shall have the right to
3 refuse to collaborate, without penalty, with a particular
4 physician.

5 335.212. As used in sections 335.212 to 335.242, the
6 following terms mean:

7 (1) "Board", the Missouri state board of nursing;

8 (2) "Department", the Missouri department of health and
9 senior services;

10 (3) "Director", director of the Missouri department of
11 health and senior services;

12 (4) "Eligible student", a resident who has been accepted as
13 a full-time student in a formal course of instruction leading to
14 an associate degree, a diploma, a bachelor of science, [or] a
15 master of science in nursing [or leading to the completion of
16 educational requirements for a licensed practical nurse]
17 (M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student
18 with a master of science in nursing seeking a doctorate in
19 education (Ed.D.), or leading to the completion of educational
20 requirements for a licensed practical nurse. The doctoral
21 applicant may be a part-time student;

22 (5) "Participating school", an institution within this
23 state which is approved by the board for participation in the
24 professional and practical nursing student loan program
25 established by sections 335.212 to 335.242, having a nursing
26 department and offering a course of instruction based on nursing
27 theory and clinical nursing experience;

28 (6) "Qualified applicant", an eligible student approved by

1 the board for participation in the professional and practical
2 nursing student loan program established by sections 335.212 to
3 335.242;

4 (7) "Qualified employment", employment on a full-time basis
5 in Missouri in a position requiring licensure as a licensed
6 practical nurse or registered professional nurse in any hospital
7 as defined in section 197.020, RSMo, or in any agency,
8 institution, or organization located in an area of need as
9 determined by the department of health and senior services. Any
10 forgiveness of such principal and interest for any qualified
11 applicant engaged in qualified employment on a less than
12 full-time basis may be prorated to reflect the amounts provided
13 in this section;

14 (8) "Resident", any person who has lived in this state for
15 one or more years for any purpose other than the attending of an
16 educational institution located within this state.